

EPA United States Environmental Protection Agency Washington, DC 20460 Work Assignment						Work Assignment Number 5-01				
						<input type="checkbox"/> Other <input checked="" type="checkbox"/> Amendment Number: 000001				
Contract Number EP-C-09-008			Contract Period 02/14/2009 To 08/13/2014			Title of Work Assignment/SF Site Name				
			Base Option Period Number 5			Program Support				
Contractor EASTERN RESEARCH GROUP, INC.					Specify Section and paragraph of Contract SOW					
Purpose: <input type="checkbox"/> Work Assignment <input type="checkbox"/> Work Assignment Close-Out <input checked="" type="checkbox"/> Work Assignment Amendment <input type="checkbox"/> Incremental Funding <input type="checkbox"/> Work Plan Approval					Period of Performance From 02/14/2014 To 08/13/2014					
Comments: The purpose of this amendment is to extend the POP end date to 8/13/14 and amend tasks.										
<input type="checkbox"/> Superfund Accounting and Appropriations Data <input checked="" type="checkbox"/> Non-Superfund										
Note: To report additional accounting and appropriations date use EPA Form 1900-69A.										
SFO <input type="checkbox"/> (Max 2)										
Line	DCN (Max 6)	Budget/FY (Max 4)	Appropriation Code (Max 6)	Budget Org/Code (Max 7)	Program Element (Max 9)	Object Class (Max 4)	Amount (Dollars)	(Cents)	Site/Project (Max 8)	Cost Org/Code (Max 7)
1										
2										
3										
4										
5										
Authorized Work Assignment Ceiling										
Contract Period:		Cost/Fee:				LOE: 3,548				
02/14/2009 To 08/13/2014										
This Action:						852				
Total:						4,400				
Work Plan / Cost Estimate Approvals										
Contractor WP Dated:				Cost/Fee:		LOE:				
Cumulative Approved:				Cost/Fee:		LOE:				
Work Assignment Manager Name Tara OHare						Branch/Mail Code:				
_____ (Signature) (Date)						Phone Number 202-564-8836				
						FAX Number:				
Project Officer Name Robin Danesi						Branch/Mail Code:				
_____ (Signature) (Date)						Phone Number: 202-564-1846				
						FAX Number:				
Other Agency Official Name						Branch/Mail Code:				
_____ (Signature) (Date)						Phone Number:				
						FAX Number:				
Contracting Official Name Robert A. Knecht						Branch/Mail Code:				
_____ (Signature) (Date)						Phone Number: 513-487-2043				
						FAX Number:				